



ICE HEALTH SERVICE CORPS
Formulary for Non-IHSC Staffed Detention Facilities



Drug Category	Formulary Agents: generics, BRANDS
Anti-Infectives	
Antifungal	clotrimazole, fluconazole, griseofulvin, ketoconazole, terbinafine
Anthelmintic	albendazole, ivermectin
Anti-herpetic	acyclovir, acyclovir cream, famciclovir
Anti-influenza	amantadine, TAMIFLU
Antimycobacterial	Ethambutol, isoniazid, pyrazinamide, rifampin, streptomycin
Antiretrovirals	*All agents are formulary
Cephalosporins	cefaclor, cefadroxil, cefprozil, cefuroxime, cephalexin, ceftriaxone
Macrolides	azithromycin, clarithromycin, clindamycin, ERY-TAB,
Miscellaneous antibiotics	metronidazole, sulfamethoxazole/trimethoprim, nitrofurantoin
Penicillins	amoxicillin, amoxicillin/clavulanate, BICILLIN-LA, dicloxacillin, penicillin VK
Quinolones	ciprofloxacin, moxifloxacin, ofloxacin
Tetracyclines	doxycycline, minocycline
Cardiovascular	
ACE inhibitor	benazepril, captopril, enalapril, fosinopril, quinapril, ramipril
Alpha & Beta Blockers	carvedilol, labetalol
Alpha2-Adrenergic Agonist	clonidine, methyldopa
Angiotensin Receptor Blockers (ARBs)	losartan, valsartan
Anti-arrhythmic	amiodarone
Anticoagulants	apixaban, enoxaparin, rivaroxaban, warfarin,
Anti-hypertensive combos	*All agents require an approved Non-Formulary Request
Beta blockers, nonselective	nadolol, propranolol, sotalol/-AF, pindolol, timolol
Beta-1 blockers, selective	acebutolol, atenolol, betaxolol, bisoprolol, metoprolol
Cardiotonic	digoxin
CCB – non-dihydropyridine	CARTIA XT, DILTIA XT, diltiazem HCl, diltiazem ER, verapamil SR
CCB – dihydropyridine	amlodipine, felodipine, nicardipine, nifedipine, nifedipine XL
Diuretic	bumetanide, chlorthalidone, furosemide, hydrochlorothiazide, metolazone, spironolactone, triamterene/hydrochlorothiazide
HMG-CoA reductase inhibitors	atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Cholesterol – other	cholestyramine, fenofibrate, gemfibrozil
Nitrates	isosorbide dinitrate, isosorbide mononitrate, nitroglycerin SL tabs
Platelet Aggregation Inhibitors	clopidogrel
Central Nervous System	
Alzheimer's/ ACH inhibitor	donepezil
Anti-Anxiety	alprazolam, buspirone, chlordiazepoxide, clorazepate, diazepam, lorazepam, oxazepam
Anticholinergic	benztropine
Anticonvulsant	carbamazepine, clonazepam, divalproex, gabapentin, levetiracetam, phenobarbital, phenytoin, topiramate, valproic acid
Antidepressant – SSRI	citalopram, escitalopram, fluoxetine, paroxetine, sertraline
Antidepressant – Tricyclic	amitriptyline, clomipramine, desipramine, doxepin, imipramine, nortriptyline
Antidepressant – other	bupropion HCl, bupropion SR, duloxetine, mirtazapine, nefazodone, trazadone, venlafaxine
Antiemetic	dimenhydrinate, meclizine, ondansetron + ODT, promethazine
Antimigraine	sumatriptan
Antipsychotic – 1 st gen	chlorpromazine, fluphenazine, haloperidol *PO, lactate, & decanoate, loxapine, perphenazine, thioridazine, thiothixene, trifluoperazine
Antipsychotic – 2 nd gen	ariPIPRAZOLE, clozapine, lurasidone, risperidone, olanzapine, ziprasidone
Antimanic	lithium
Antihistamine	hydroxyzine pamoate
Stimulants/ ADHD	*All agents require an approved Non-Formulary Request
Dermatologic	

This formulary list is not intended to be all-inclusive and lists only the most commonly prescribed drugs.

Brand names with generic equivalents are considered non-formulary.

Last revised 9/18/2018



ICE HEALTH SERVICE CORPS

Formulary for Non-IHSC Staffed Detention Facilities

Acne Products	benzoyl peroxide, clindamycin lotion, erythromycin gel, tretinoin
Eczema	clobetasol, fluocinonide, hydrocortisone, betamethasone valerate, triamcinolone
Antibiotics	gentamicin, metronidazole cream, mupirocin
Antifungals	clotrimazole, nystatin, terbinafine
Pediculicides	permethrin cream, ivermectin
Endocrine/ Hormone	
Contraceptives	levonorgestrel/ethynodiol dienoate, medroxyprogesterone inj, norethindrone/ethynodiol dienoate, norethindrone, norgestrel/ethynodiol dienoate, norgestimate/ethynodiol dienoate
Emergency Contraceptive, oral	levonorgestrel emergency contraceptive 0.75mg, ELLA, MY WAY, PLAN B, PLAN B ONE-STEP, OPCICON ONE-STEP
Osteoporosis	alendronate
Estrogens, oral	estradiol, PREMARIN
Estrogens, injectable	estradiol cypionate, DEPO-ESTRADIOL, estradiol valerate
Estrogen, combinations	*All agents require an approved Non-Formulary Request
Estrogen, topical	*All agents require an approved Non-Formulary Request
Pituitary disorders	cabergoline, bromocriptine
Insulin	HUMULIN, HUMALOG, LANTUS, NOVOLOG, NOVOLIN
Progesterones	medroxyprogesterone, DEPO-PROVERA
Diabetes – sulfonylureas	glimepiride, gliclazide, gliclazide ER, glyburide, glyburide micronized, tolazamide
Diabetes – biguanides	metformin, metformin ER
Diabetes – glitazones	AVANDIA *Restricted access, pioglitazone
Diabetes – meglitinides	*All agents require an approved Non-Formulary Request
Diabetes – alpha-glucosidase inhibitors	*All agents require an approved Non-Formulary Request
Corticosteroids	dexamethasone, methylprednisolone, hydrocortisone, prednisone, triamcinolone IM inj
Thyroid	levothyroxine
Testosterone	testosterone cypionate injectable
Gastrointestinal	
Antidiarrheal	diphenoxylate/atropine, loperamide
Antispasmodic	dicyclomine, hyoscymine
Anti-ulcer	sucralfate
Enzymes	pancrelipase * Restricted to most cost-effective agent
Histamine 2 antagonists	cimetidine, famotidine, ranitidine
IBS agents	*All agents require an approved Non-Formulary Request
Proton Pump Inhibitors	omeprazole, pantoprazole
Stimulants	metoclopramide
Ulcerative colitis	sulfasalazine, mesalamine *All formulations
Musculoskeletal, Analgesics	
Opioids, long acting	*All agents require an approved Non-Formulary Request
Opioids, short acting	codeine/acetaminophen, hydrocodone/acetaminophen, oxycodone/acetaminophen, tramadol
Opioids, partial agonist	SUBOXONE *For short term use less than 15 days
NSAIDs, nonselective	aspirin, diclofenac, etodolac, ibuprofen, indometacin + SR, ketoprofen, ketorolac, meloxicam, nabumetone, naproxen + NA, oxaprozin, piroxicam, salsalate, sulindac
COX-2, selective	*All agents require an approved Non-Formulary Request
Skeletal Muscle Relaxants	baclofen, cyclobenzaprine, methocarbamol
Ophthalmics	
Anti-infectives	ciprofloxacin, erythromycin ointment, gentamicin, sulfacetamide, tobramycin, neomycin/polymyxin/dexamethasone
Allergic Conjunctivitis	ketotifen
Glaucoma	brimonidine, carteolol, dorzolamide, dorzolamide/timolol, latanoprost, timolol
Steroid	prednisolone acetate
Otic	

This formulary list is not intended to be all-inclusive and lists only the most commonly prescribed drugs.

Brand names with generic equivalents are considered non-formulary.

Last revised 9/18/2018

Page 2 | 3



ICE HEALTH SERVICE CORPS

Formulary for Non-IHSC Staffed Detention Facilities

Anti-Infective	CIPRODEX*Approved for pediatric use only (Age <8), neomycin/polymyxin/hydrocortisone, ofloxacin
Respiratory	
Beta agonist	albuterol, metaproterenol solution, PRO AIR, PROVENTIL HFA, SEREVENT, VENTOLIN HFA
Inhaled Steroids	FLOVENT HFA, PULMICORT, QVAR
Inhaled Steroid/ Beta agonist combo	ADVAIR, SYMBICORT, fluticasone/salmeterol
Leukotriene	montelukast
Nasal steroids	flunisolide, fluticasone, triamcinolone *OTC approved
Antihistamine	chlorpheniramine CR, clemastine, cyproheptadine, diphenhydramine, loratadine OTC
Antitussive	benzonatate
Genitourinary	
BPH	doxazosin, finasteride, prazosin, tamsulosin, terazosin
Erectile dysfunction	*All agents require an approved Non-Formulary Request
Antispasmodic	oxybutynin
Analgesic	phenazopyridine
Alkalizing agent	potassium citrate
Miscellaneous	
Vitamins	calcidiol, cholecalciferol, cyanocobalamin, ergocalciferol, leucovorin, prenatal vitamins, pyridoxine, renal vitamins
Gout	allopurinol, colchicine
Potassium binders	sodium polystyrene
Phosphate binders	RENAGEL, RENVELA, calcium acetate, lanthanum
Myasthenia gravis	pyridostigmine
DMARDs	hydroxychloroquine, hydroxyurea, methotrexate
Dental	chlorhexidine gluconate (alcohol free), triamcinolone paste
Laxative	lactulose, polyethylene glycol w/ electrolytes
Minerals & electrolytes	potassium chloride, sodium bicarbonate, sodium chloride *All formulations
Vaccines	
Hepatitis	hepatitis A vaccine, hepatitis B vaccine
Measles	measles virus vaccine
MMR	measles- mumps-rubella virus vaccines
MMR + varicella	measles-mumps-rubella-varicella vaccine
Polio	poliovirus vaccine
HPV	human papillomavirus (HPC) quadrivalent recombinant vaccine
Influenza	seasonal influenza vaccine
Rabies	rabies virus vaccine, HDC
Rotavirus	rotavirus vaccine; live, oral
Rubella	rubella virus vaccine
Varicella	varicella virus vaccine
Yellow fever	yellow fever vaccine
Haemophilus B	haemophilus b polysaccharide vaccine
Meningococcal	meningococcal vaccine group A, meningococcal group B, meningococcal group C oligosaccharide conjugated, meningococcal group C polysaccharide conjugated
Pneumococcal	pneumococcal vaccine polyvalent (PPSV23), pneumococcal vaccine conjugate (PCV13)
Tetanus, Diphtheria, Pertussis	TD (tetanus/diphtheria), Tdap (tetanus, diphtheria, pertussis)
Typhoid	typhoid vaccine

This formulary list is not intended to be all-inclusive and lists only the most commonly prescribed drugs.

Brand names with generic equivalents are considered non-formulary.

Last revised 9/18/2018

Page 3 | 3